

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003513

1. Entity Name

MEDICAL MANAGEMENT SERVICES OF AMERICA, LLC

Principal Place of Business

2929 EAST COMMERCIAL BLVD
STE 600
FT LAUDERDALE FL 33308

Mailing Address

2929 EAST COMMERCIAL BLVD
STE 600
FT LAUDERDALE FL 33308-4222

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, CARA E
2929 EAST COMMERCIAL BLVD, STE 410
FORT LAUDERDALE FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM WESTER, RICHARD
STREET ADDRESS 2929 E COMMERCIAL BLVD., STE 600
CITY-ST-ZIP FORT LAUDERDALE FL ☒ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *inf 3121100*
CITY-ST-ZIP

TITLE NAME MGRM ALLEN, WILLIAM
STREET ADDRESS 2929 E COMMERCIAL BLVD., STE 600
CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 500003183605-4
CITY-ST-ZIP -03/24/00 --01098--003
*****50.00 *****50.00

TITLE NAME MGRM BARNES, JOSEPH B
STREET ADDRESS 2929 E COMMERCIAL BLVD., STE 400
CITY-ST-ZIP FORT LAUDERDALE FL ☒ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

WILLIAM H. ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

March 1/00 954.491.4964

CR2E083 (9/99)